



A MILLIMAN GLOBAL FIRM

**Milliman**

Consultants and Actuaries

1301 Fifth Avenue, Suite 3800  
Seattle, WA 98101-2605  
Tel 1 + 206 624.7940  
Fax 1+ 206 340.1380

## **MEMORANDUM**

March 2006

**To:** Parties Impacted By the Kentucky Workers' Compensation Medical Fee Schedule for Physicians

**From:** Milliman, Inc.

**Re: 2005 Kentucky Workers' Compensation Medical Fee Schedule for Physicians**

Milliman has made errors in calculating some of the rates in Kentucky's 2005 Workers' Compensation Medical Fee Schedule for Physicians.

Enclosed are the corrected rates for the affected CPT codes. These rates are to be applied to all medical bills incurred for services rendered on or after February 15, 2006.

We regret any inconvenience that this may have caused.

Sincerely,

*Milliman, Inc.*

**The 2005 Workers' Compensation Medical Fee Schedule For Physicians**  
**Section C: Surgery**  
**Fee Schedule**

CPT Code	Status	Description	MAR	Professional Component	FUD	Assist
20936		Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision	\$290.99	\$0.00	XXX	
22210		Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	\$2,618.47	\$0.00	090	Y
22212		Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic	\$2,583.19	\$0.00	090	Y
22214		Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar	\$2,432.93	\$0.00	090	Y
22216		Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	\$783.97	\$0.00	ZZZ	Y
22220		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	\$2,655.05	\$0.00	090	Y
22222		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	\$2,398.30	\$0.00	090	Y
22224		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	\$2,538.76	\$0.00	090	Y
22226		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	\$783.97	\$0.00	ZZZ	Y
22548		Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	\$3,422.04	\$0.00	090	Y
22554		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	\$2,740.64	\$0.00	090	Y
22556		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	\$3,182.93	\$0.00	090	Y
22558		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	\$2,994.12	\$0.00	090	Y
22585		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	\$774.83	\$0.00	ZZZ	Y
22590		Arthrodesis, posterior technique, craniocervical (occiput-C2)	\$2,973.87	\$0.00	090	Y
22595		Arthrodesis, posterior technique, atlas-axis (C1-C2)	\$2,913.11	\$0.00	090	Y
22600		Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	\$2,430.97	\$0.00	090	Y
22610		Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	\$2,377.40	\$0.00	090	Y
22612		Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	\$2,935.32	\$0.00	090	Y
22614		Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	\$849.96	\$0.00	ZZZ	Y

**The 2005 Workers' Compensation Medical Fee Schedule For Physicians**  
**Section C: Surgery**  
**Fee Schedule**

CPT Code	Status	Description	MAR	Professional Component	FUD	Assist
22630		Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	\$2,771.99	\$0.00	090	Y
22632		Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to	\$721.25	\$0.00	ZZZ	Y
22800		Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	\$2,738.02	\$0.00	090	Y
22802		Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	\$4,168.77	\$0.00	090	Y
22804		Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	\$4,520.91	\$0.00	090	Y
22808		Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	\$3,124.78	\$0.00	090	Y
22810		Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	\$3,386.11	\$0.00	090	Y
22812		Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	\$4,107.36	\$0.00	090	Y
22840		Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	\$1,273.95	\$0.00	ZZZ	Y
51725		Simple cystometrogram (CMG) (eg, spinal manometer)	\$344.00	\$147.37	000	BR
51726		Complex cystometrogram (eg, calibrated electronic equipment)	\$314.70	\$169.04	000	N
51736		Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	\$89.88	\$60.00	000	BR
51741		Complex uroflowmetry (eg, calibrated electronic equipment)	\$159.46	\$109.33	000	N
51772		Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	\$307.24	\$156.91	000	BR
51784		Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$247.93	\$150.05	000	N
51785		Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	\$249.08	\$149.43	000	BR
51792		Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	\$187.85	\$114.06	000	BR
51795		Voiding pressure studies (VP); bladder voiding pressure, any technique	\$315.18	\$148.78	000	BR
51797		Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)	\$309.49	\$153.72	000	BR
54240		Penile plethysmography	\$155.40	\$127.62	000	BR
54250		Nocturnal penile tumescence and/or rigidity test	\$310.08	\$209.37	000	BR
62252		Reprogramming of programmable cerebrospinal shunt	\$128.10	\$72.37	XXX	BR
62367		Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	BR	\$48.33	XXX	BR
62368		Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	BR	\$74.91	XXX	BR
63081		Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	\$3,549.43	\$0.00	090	Y

**The 2005 Workers' Compensation Medical Fee Schedule For Physicians**  
**Section C: Surgery**  
**Fee Schedule**

CPT Code	Status	Description	MAR	Professional Component	FUD	Assist
63082		Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	\$679.44	\$0.00	ZZZ	Y
63085		Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	\$3,854.53	\$0.00	090	Y
63086		Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	\$507.62	\$0.00	ZZZ	Y
63087		Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	\$4,486.28	\$0.00	090	Y
63088		Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	\$670.95	\$0.00	ZZZ	Y
63090		Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	\$4,070.12	\$0.00	090	Y
63091		Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	\$406.36	\$0.00	ZZZ	Y
69990		Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	\$354.83	\$0.00	ZZZ	Y

**The 2005 Workers' Compensation Medical Fee Schedule For Physicians**  
**Section F: General Medicine**  
**Fee Schedule**

CPT Code	Status	Description	MAR	Professional Component	FUD	Assist
90375		Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use	\$69.29	\$0.00	XXX	
90471		Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); one vaccine (single or combination vaccine/toxoid)	\$11.48	\$0.00	XXX	BR
90472		Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$11.48	\$0.00	ZZZ	BR
90665		Lyme disease vaccine, adult dosage, for intramuscular use	\$26.41	\$0.00	XXX	
90700		Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than seven years, for intramuscular use	\$24.56	\$0.00	XXX	
90701		Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	\$20.87	\$0.00	XXX	
90702		Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use	\$13.51	\$0.00	XXX	
90704		Mumps virus vaccine, live, for subcutaneous use	\$20.06	\$0.00	XXX	
90705		Measles virus vaccine, live, for subcutaneous use	\$23.33	\$0.00	XXX	
90706		Rubella virus vaccine, live, for subcutaneous use	\$18.83	\$0.00	XXX	
90708		Measles and rubella virus vaccine, live, for subcutaneous use	\$20.06	\$0.00	XXX	
90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$30.29	\$0.00	XXX	
90712		Poliovirus vaccine, (any type(s)) (OPV), live, for oral use	\$22.10	\$0.00	XXX	
90713		Poliovirus vaccine, inactivated, (IPV), for subcutaneous use	\$24.97	\$0.00	XXX	
90718		Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular use	\$13.92	\$0.00	XXX	
90719		Diphtheria toxoid, for intramuscular use	\$20.87	\$0.00	XXX	
90725		Cholera vaccine for injectable use	\$15.14	\$0.00	XXX	
90727		Plague vaccine, for intramuscular use	\$18.01	\$0.00	XXX	
90747		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	\$117.47	\$0.00	XXX	
99500	N	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	BR	\$0.00	XXX	
99501	N	Home visit for postnatal assessment and follow-up care	BR	\$0.00	XXX	
99502	N	Home visit for newborn care and assessment	BR	\$0.00	XXX	
99503	N	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	BR	\$0.00	XXX	

**The 2005 Workers' Compensation Medical Fee Schedule For Physicians**  
**Section F: General Medicine**  
**Fee Schedule**

CPT Code	Status	Description	MAR	Professional Component	FUD	Assist
99504	N	Home visit for mechanical ventilation care	BR	\$0.00	XXX	
99505	N	Home visit for stoma care and maintenance including colostomy and cystostomy	BR	\$0.00	XXX	
99506	N	Home visit for intramuscular injections	BR	\$0.00	XXX	
99507	N	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	BR	\$0.00	XXX	
99509	N	Home visit for assistance with activities of daily living and personal care	BR	\$0.00	XXX	
99510	N	Home visit for individual, family, or marriage counseling	BR	\$0.00	XXX	
99511	N	Home visit for fecal impaction management and enema administration	BR	\$0.00	XXX	
99512	N	Home visit for hemodialysis	BR	\$0.00	XXX	
99551	N	Home Infusion Pain Mgmt Iv/Subq Per Visit	BR	\$0.00	XXX	
99552	N	Home Infusion Pain Mgmt Epidural/Intrathecal Visit	BR	\$0.00	XXX	
99553	N	Home Infusion For Tocolytic Therapy Per Visit	BR	\$0.00	XXX	
99554	N	Home Infus Hematopoietic Hormones/Platelets Visit	BR	\$0.00	XXX	
99555	N	Home Infusion For Chemotherapy Per Visit	BR	\$0.00	XXX	
99556	N	Home Infus Abxs/Antifungals/Antivirals Per Visit	BR	\$0.00	XXX	
99557	N	Home Infusion Cont Anticoagulant Tx Per Visit	BR	\$0.00	XXX	
99558	N	Home Infusion Of Immunotherapy Per Visit	BR	\$0.00	XXX	
99559	N	Home Infusion Of Peritoneal Dialysis Per Visit	BR	\$0.00	XXX	
99560	N	Home Infusion Of Enteral Nutrition Per Visit	BR	\$0.00	XXX	
99561	N	Home Infusion Of Hydration Therapy Per Visit	BR	\$0.00	XXX	
99562	N	Home Infusion Of Tpn Per Visit	BR	\$0.00	XXX	
99563	N	Home Admin Aerosolized Pentamidine Per Visit	BR	\$0.00	XXX	
99564	N	Home Infusion Anti-Hemophilic Agents Visit	BR	\$0.00	XXX	
99565	N	Home Infus Alpha-1-Protease Inhib-Vst	BR	\$0.00	XXX	
99566	N	Home Infus Unintended Long-Term Iv Treatment Visit	BR	\$0.00	XXX	
99567	N	Home Infusion Sympathomimetic Agents Per Visit	BR	\$0.00	XXX	
99568	N	Home Infusion Of Miscellaneous Drugs Per Visit	BR	\$0.00	XXX	
99569	N	Home Infus Ea Add Tx Given Same Day Per Visit	BR	\$0.00	XXX	
99600	N	Unlisted home visit service or procedure	BR	\$0.00	XXX	
99601	N	Home infusion/specialty drug administration, per visit (up to 2 hours);	BR	\$0.00	XXX	
99602	N	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	BR	\$0.00	XXX	

**The 2005 Workers' Compensation Medical Fee Schedule For Physicians**  
**Section G: Physical Medicine**  
**Fee Schedule**

CPT Code	Status	Description	MAR	Professional Component	FUD	Assist
98940		Chiropractic manipulative treatment (CMT); spinal, one to two regions	\$32.48	\$0.00	000	BR